

PART B - FEE(S) TRANSMITTAL

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28390 7590 06/09/2006

MEDTRONIC VASCULAR, INC.
 IP LEGAL DEPARTMENT
 3576 UNOCAL PLACE
 SANTA ROSA, CA 95403

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Kimberly Melvin

(Depositor's name)

K. M.

(Signature)

August 1, 2006

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/679,965	10/07/2003	Chirag B. Shah	P296REI/(1737.073REI0)	4574

TITLE OF INVENTION: THROMBORESISTANT COATED MEDICAL DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE					
nonprovisional	NO	\$1400	\$0	\$1400	09/11/2006					
EXAMINER	ART UNIT		CLASS-SUBCLASS							
NAKARANI, DHIRAJLAL S	1773		623-001150							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63).										
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.										
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.										
2. For printing on the patent front page, list										
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,										
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.										

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic Vascular, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Santa Rosa, California USA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
- Publication Fee (No small entity discount permitted)
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- A check in the amount of the fee(s) is enclosed.
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- The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 0-2525 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Alan M. Krutiner

Date August 1, 2006

Typed or printed name

Registration No. 26,289

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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